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## Child sexual abuse as a factor in adolescent pregnancy

Starr Downey Ramirez

Debbie Vega

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CHILD SEXUAL ABUSE  
AS A FACTOR IN  
ADOLESCENT PREGNANCY

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

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by  
Starr Downey Ramirez

Debbie Vega

June 1996

CHILD SEXUAL ABUSE  
AS A FACTOR IN  
ADOLESCENT PREGNANCY

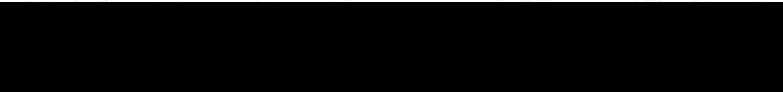
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A Project  
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by  
Starr Downey Ramirez  
Debbie Vega  
June 1996

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## ABSTRACT

This project explored the possible relationship between child sexual abuse and too-early pregnancies in adolescent mothers. The rate of adolescent pregnancy continues to be a concern in this society where poverty and abuse continually appear in the headlines. The literature indicates a significant impact on the lives of children who have been sexually abused and one unfortunate consequence is an increased risk of too-early pregnancy. The study followed a Positivist research design, using a survey to collect data which was analyzed using quantitative methods. The study sample was young females from a private agency. The goal of this study was to provide additional insight and theory to the agency in their continuing efforts to provide services to child abuse victims, and parenting and support services to young females. Specific knowledge of child abuse as a risk factor in adolescent pregnancy may be helpful in the planning of human sexuality education, in emphasizing the importance of molest prevention techniques, and in the overall healing process for these young victims.



#### ACKNOWLEDGMENTS

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## INTRODUCTION

### Problem Statement

Children having children: Three words that translate into a major concern for our society. According to Children's Defense Fund statistics in May of 1993, 2,795 teenagers become pregnant every day in the United States. (Lindsay, 1993) This number is staggering to those of us in the field of Social Work who deal with this population and the problems they ultimately face. One of the questions we must ask ourselves is what is the real "problem?" Is it the pregnancy? Is it the early sexual activity? It has been suggested that premature sexual activity and the likelihood of pregnancy are similar to such deviant behaviors as drug and alcohol abuse, or delinquency. However, in the adult world, sexuality and pregnancy are not viewed in general terms as deviant, thus it only becomes a "problem" in adolescence when the age at which it occurs interferes with what our society perceives as the normative progression of life events. (Zabin & Hayward, 1993)

The emergence of adolescence is a time fraught with confusion, questions, and peer pressure and can be a particularly overwhelming time for any teenager. There is rapid development in physical maturation, significant cognitive development, and an increased sensitivity to peer relationships. These peer relationships become intensified through the introduction of sexual interests and behaviors,



forcing adolescents to face their own sexuality and fertility. As such, a major dilemma often faced during this developmental stage is the decision whether to become sexually active. However, many teens are not yet capable of making mature and responsible decisions regarding their sexual activities often resulting in unexpected, unplanned pregnancies. Even more disturbing are the emerging reports that link adolescent pregnancy with child sexual abuse.

Education of our youth to prevent too-early pregnancies continues to be an important goal. However, education alone may not address the etiologies of these pregnancies. Therefore, the problem to be addressed here is a complex one requiring the analysis of several important components. First, the predicament of adolescent pregnancy will be explored. Second, the occurrence of child sexual abuse will be examined, and lastly the interrelationship between the two will be considered.

#### Literature Review

The following literature review is a comprehensive view of the various aspects important to this study on child sexual abuse in adolescent pregnancy. To facilitate an understanding of the depth of these issues, the literature has been examined in three different areas. These include: Adolescent Pregnancy, Child Sexual Abuse, and Child Sexual Abuse and Adolescent Pregnancy.

### Adolescent Pregnancy

Historical accounts tell us that childbearing in adolescence was a normal occurrence which would never even have drawn a second look. The physiology of young women has changed dramatically in that the age of menarche has decreased by about 3 months per decade over the past 150 years. For example, the age of menarche dropped between 1870 and 1930 by two years, from 13.5 to 11.5, with the mean age for the onset of menstruation dropping to 14.5 from 16.5. Since then, we have measured a drop in the age of first menstruation to 11.5, along with a shortening for the span of physiological sub-fertility. Therefore, fertility follows menarche more quickly today and the potential for pregnancy is increasing among the 10-14 year olds who are reproductively mature at younger ages than in the past. (Boyer, 1993) To reiterate, the age of first menstruation has declined over the years along with a more rapid onset of fertility, so the current potential for pregnancy has increased in the 10-14 year old range.

More than a million teenagers do get pregnant each year. A recent statistic estimates that out of 11 million sexually active adolescent females in the United States, 1 million become pregnant every year. (Zastrow & Kirst-Ashman, 1994) Quite alarming is the fact that 40% of pregnant teens have abortions. Of the other 60%, 10% end in spontaneous abortions or stillbirths, and the remaining 50%

result in live births. (Crooks & Baur, 1990)

Along with the inherent physical and emotional difficulties likely to be endured by teens who are pregnant, they may also be subjected to many other types of difficulties and adversities. Lindsay (1993) identifies the following hardships: financial difficulties, incomplete high school education, medical problems, interruption of their adolescent development, single parenthood, and/or abortion/adoption decisions. Below we will briefly address these various issues as they further accentuate the plight of teen pregnancy.

A socioeconomic reality of teen pregnancy is seen in the economic struggles teens most often face during and after their pregnancy. Living in poverty is often the case for these individuals. For instance, it is seven times greater for a teenager who becomes pregnant and gives birth at a young age to live in poverty. (Hayes & Cryer, 1988) Lindsay (1993) further states that "Simply bearing a child before she is 18 generally means a young mother will spend much of her life at a lower socioeconomic level than she would if she had delayed childbearing a few years." (pg. 40). Financially, these teens may never overcome their lower socioeconomic status as they may remain dependent on the welfare system.

Educational realities for pregnant teens center around the likelihood of not completing their education once they

are pregnant or have given birth. Phipps-Yonas (1980) found that "pregnancy was the most common reason for girls to fail to complete high school, with some 50% to 67% of female drop outs being pregnant" (Hayes & Cryer, 1988,pg. 24) This occurrence further serves to impair their ability to improve their socioeconomic level as limited education directly affects the opportunity to engage in gainful employment.

According to Phipps-Yonas (1980), medical realities exist in that teens often experience medical difficulties during pregnancy and/or delivery, including premature delivery and low birth weight. (Hayes & Carter, 1988) In fact, the "maternal death rate among teens is double that of women aged 20-24." (Lindsay,1993)

Interpersonal relationship realities are seen in difficulties adolescents face in maintaining friendships after their pregnancy. Often they are isolated, misunderstood, and hindered by lack of child care. Increased conflict is often noted in relationships with their parents as there may be mistrust, disappointment, and a sense of betrayal. Furthermore, there may be resentment when parents are left to care for their unplanned grandchildren. Kanter (1983) reports that marital relationships are often a problem as seen in the fact that only 1 in 5 premarital pregnancy results in marriage (Hayes & Cryer, 1988). Many teens may feel demoralized and lack a support system which may, in turn lead to increased sexual



promiscuity often resulting in subsequent unplanned, out-of-wedlock pregnancies.

Single parenthood is often a consequence of teen pregnancy. Clearly, this impacts financial, emotional, and social stability. In addition, there is often a stigma attached to single teen parenthood that may further alienate these teens from their peer group. The ultimate victim seems to be the child. Boyer (1993) speaks to this in her statement that "The isolation and increased stress that have come with new family structures have resulted in fewer safeguards for children" noted in increased incidences of abuse and neglect. (p. 54)

Lastly, 40% of pregnant teens resort to abortion, while less than 4% opt for adoption. (Lindsay, 1993) In either case, these decisions are often difficult and traumatic and rarely a easy solution. In fact, many teens avoid the issue entirely by denying their pregnancy until it is too late to consider other alternatives. When teen pregnancies result in abortion or adoption such emotional overlays as guilt, fear, depression, anger, and unresolved grief may result.

As clearly exemplified, teen pregnancy can be a traumatic experience that impacts many sphere's of an individuals' life. Perhaps even more disheartening is the fact that many of these teens may have been victims of child sexual abuse. Although the connection between their abuse and resultant pregnancy is unclear, the



possibility does exist as will be addressed herewith.

### Child Sexual Abuse

As stated previously, the second aspect of this problem is child sexual abuse. The incidence of reported cases of sexual abuse has gone up steadily over the last two decades with as many as one in four girls having been sexually abused before reaching adulthood. (Donaldson, Whalen, & Anastas, 1989; Finklehor, 1993) However, there may be many cases that go unreported. Alle-Corliss et al (1996) states that "Due to the taboo nature of incest [child sexual abuse] and the difficulty of detection it is believed that many such cases go unreported." Further, because of the secretive nature of this type of abuse, and the ambivalent feelings the child may have toward the perpetrator, victims often feel excessive guilt shame and embarrassment." In fact, the research over the years indicates that only 2% to 6% of child victims ever report the abuse, as reported by Russell in 1984. (Wolfe, Wolfe, & Best, 1988) Additionally, it is believed that there is an increased prevalence of psychological and interpersonal problems among those who have been sexually abused over those who have not. These will be briefly addressed below.

The literature on child sexual abuse identifies many areas that are negatively impacted due to the abuse. The psychological effects in these children include: low-self esteem, depression, self blame and guilt, and anger and

hostility. Many authors (Donaldson, et al, 1989; Boer, 1993; Rickel & Hendren, 1993; Peterson & Crockett, 1992; Wells, 1993; Wolfe, et al, 1988; Tower, 1993), have focused on the impact child sexual abuse has on an individuals' self-concept as they may feel shame and feelings of inadequacy which directly affects their self esteem. Depression is also noted by many as a pervasive problem faced by many sexual abuse victims who may have internalized negative feelings regarding the abuse (Rickel & Hendren, 1993; McArnarney, 1994; Wolfe, et al, 1988; Dubowitz, Black, Harrington, & Verschoore, 1993). The propensity towards self-blame and guilt is also well described in the literature (Donaldson, et al, 1989; Tower, 1993; Rickel & Hendren, 1993), as it is often easier to explain the abuse by feeling some type of responsibility for it. Other emotions commonly experienced by abuse victims are anger and hostility (Donaldson, et al, 1989; Wells, 1993; Dubowitz, et al, 1993). These are not only legitimate emotions, but can also serve as a defense mechanism against the hurt and pain endured.

The interpersonal and social effects of sexual abuse can be seen in an impaired ability to trust, social isolation, premature sexual intimacy, an inability to distinguish sex from affection, and an increased likelihood of revictimization. (Donaldson, et al, 1989) The behavioral problems which have been noted in the literature include

learning disabilities, substance abuse, self-mutilation and suicide attempts, and eating disorders. Learning disabilities have been described as possible outcomes of abuse (Peterson & Crockett, 1992; Donaldson, et al, 1989; Wolfe, et al; 1988) given the inability to concentrate or be enthusiastic about school. As energy may be focused on coping with and maintaining the secret of the abuse, many abused children find it difficult to learn. As stated by an incest victim, "It is pretty hard to get excited about math when you live in the middle of a war zone." (Wells, 1993, p. 36) Substance abuse, (Donaldson, et al, 1989; Rickel & Hendren, 1993; Boer, 1993; Wells, 1993), is also prevalent as it may be another way in which sexual abuse victims cope and survive with their trauma.

Self-mutilation and suicide attempts (Wolfe, et al, 1988; Rickel & Hendren, 1993; Donaldson, et al, 1989) are seen in more severe cases of abuse and can be, yet another way to cope. Lastly, eating disorders have also been described as a possible outcome of sexual victimization. (Tower, 1993; Rickel & Hendren. 1993; Donaldson, et al, 1989) Current statistics from Webbe (1993) indicate that "the incidence of childhood sexual abuse in eating disorders is probably between 50% and 70%" (p. 12).

In addition to these effects, inappropriate sexual behaviors, the earlier onset of sexual activity, the prostitution, and promiscuity are frequently reported

behavioral symptoms of sexual abuse, (Peterson & Crockett, 1992; Donaldson, et al, 1989; Westerlund, 1992; Tower, 1993; Pickel & Hendren, 1993; Boer, 1993; Wells, 1993; Wolfe, et al, 1988; VanGijseghem & Gauthier, 1994; Dubowitz, et al, 1993). Again as a possible defense and coping strategy, victims may react to their own sexuality in extreme ways as seen in being either sexually promiscuous or asexual.

#### Adolescent Pregnancy and Child Sexual Abuse

Given the increasing numbers of adolescent pregnancies and the increasing numbers of reported child sexual abuse victims, there is a possibility that there are a corresponding number of young women who were sexually abused as children and now are teenage mothers. Information connecting these two issues is slowly emerging in recent years in the separate literatures of child sexual abuse and teen pregnancy. This connection is important for social workers to realize and understand because working with clients on either issue would be complicated by the presence of the other.

Deborah Boyer, PhD (1993), believes that attention must be paid to the long term effects of abuse on development, self-esteem, and self-efficacy, and that the onus of prevention for future adolescent pregnancy lies within the treatment field of child abuse. She states that, "Leaders in the field of adolescent pregnancy must look back and pay heed to the legacy of maltreatment and understand what

victimization does to the soul and how reproduction appears to be a healing event to those broken by violation." (p. 56) The following studies identified in the literature review have begun to explore this issue.

As has been seen, the issues of teen pregnancy and child sexual abuse may be connected. The following studies show consistent findings that support that a correlation may exist between child sexual abuse and adolescent pregnancy. In a study to determine the relationship between sexual abuse and pregnancy outcomes in adolescents, 42 (33%) of the 127 patients participating in the study reported that they had been physically or sexually abused prior to conceiving. (Stevens-Simon & McAnamey, 1994) An "Ounce of Prevention" survey was given in 1988 to teen parents in response to a high number of disclosures in teen parenting groups of previous molest. Of the 445 teens surveyed, 61% had been involved "in a sexual encounter they did not want." (Donaldson, et al, 1989)

Another study which ran from 1988 to 1992 in Washington state, shows similar findings between sexual abuse and teen pregnancy. The research compared sexually active adolescents in general with those who have become pregnant to assess the potential impact of victimization on the rate of adolescent pregnancy. The study surveyed 535 pregnant and parenting teens and it was found that 62% had experienced contact molestation, attempted rape, or rape



prior to their first pregnancy. It was also noted that the abused girls had engaged in voluntary intercourse a year earlier, were more likely to have experimented with drugs and alcohol, and were less likely to have used any method of contraception. (Boyer & Fine, 1992)

The literature indicates that sexual behaviors may be influenced by previous abuse. One program that serves teenage prostitutes reported that almost 100% of the girls they served had been sexually abused, and that other teen programs report similar findings. (Wells, 1943) A study involving college students examined the correlation between unwanted sexual contacts in childhood and subsequent attitudes and behaviors toward sexuality. The research found that many of the females who experienced unwanted sexual encounters as a child (ages 5-16) also experienced an unwanted sexual experience in adulthood and had more permissive attitudes towards sexuality. (Stevenson & Gajarsky, 1991)

To sum up the literature surrounding child sexual abuse and adolescent pregnancy, much of the research indicates that the negative symptoms of child sexual abuse may have a direct relevance to an increased risk for adolescent pregnancy. Because of the disruption of developmental processes which occurs due to sexual victimization, the basic levels of competency and worth in many victims is undermined. Often then, these girls enter puberty unable to

make appropriate decisions. They may be completely vulnerable when it comes to sexual relationships and may have lost all of their self-control because of their previous victimization. Thus, due to their low self worth they may develop limited decision making skills which may influence their ability to decide upon abstinence or contraception.

#### Problem Focus

Initially, this study was interested in learning what factors contribute to adolescent pregnancy. Based on the information gathered from the literature, it was hypothesized that "A female victim of child sexual abuse is at greater risk of teenage pregnancy than a female who was not sexually abused." The problem focus will further address why this topic of research is important to the social work profession and how this project can build upon prior studies to facilitate an increased awareness of the correlation between child sexual abuse and adolescent pregnancy.

This project explored the relational problem of child sexual abuse to teen pregnancy using the positivist paradigm. Positivism is based in a realist ontology in search of the truth to assist in predicting and controlling natural phenomena. The epistemology of positivism is objective and allows the world to operate in natural ways without influence of interference, just observation. (Guba,

1990)

The major social work role which is being evaluated in this study is the direct practice role, although the information would also be valuable to any of the other areas, particularly the administration component in relation to program development. Social workers can have a tremendous impact on the individual, family, and group issues through direct practice, therefore, one of the ethical considerations social workers must face when working with sexually abused children is that assessment and treatment can have a profound impact on the rest of their lives.

The significance of the problem for social work practice can be seen in the considerable attention that has been given to adolescent pregnancy recently, such as in the welfare reform proposal that would place many restrictions on services and funding for adolescent mothers, or in the national campaign against teen pregnancy which President Clinton has instituted with Dr. Henry Foster as a special advisor. ("President," 1996)

## RESEARCH DESIGN AND METHOD

### Purpose of the Study

The purpose of the study was to explore the possible correlation between the incidences of child sexual abuse and adolescent pregnancy. Other factors that may contribute to

adolescent pregnancy, such as birth control education or peer pressure, are frequently examined. The researchers felt it would be equally important to explore if child sexual abuse manifests itself as another possible contributing factor to the high rate of adolescent pregnancies. This information can then be used in the development of preventative approaches rather than treatment oriented after an adolescent pregnancy has occurred.

### Sampling

The sample for this project were selected clients of a counseling agency in San Marcos. This agency provides services to victims and survivors of abuse, as well as to at-risk families to aid in the prevention of child abuse. The agency has various sites in North San Diego County offering specialized services in adolescent issues, domestic violence, perinatal substance abuse, and Latino empowerment to name a few. The agency has extensive in-home programs that serve many young parents in learning positive parenting skills which are based at the San Marcos site, and it is this population which was sampled for the study.

This study utilized non-probability sampling which was purposive in nature. The desire of this project was to study a subset of an identifiable population, teenage mothers. It was anticipated that 20-25 females would participate in the study. This sample size was established based on the number of young mothers which had previously

been served by the agency during a six month period. In addition, the nature of this population was seen as very transient within the agency and contact with these clients was sometimes limited. Ultimately, the agency staff was only able to conduct the survey with 14 participants.

Participation was completely voluntary and was also done confidentially to encourage participation in a survey of a very sensitive nature. The main criteria for client participation in the study was that the client had delivered a child prior to turning 18 years of age. The sample population were those clients who were currently receiving services from the agency.

#### Instrument and Data Collection

The voluntary participants were asked to complete a one time survey which had been developed for this study using the categories of contact or noncontact molestation as guidelines for question development on sexual abuse (See Appendix C). According to Finklehor, (1986), broad questions, such as, "Were you ever molested?," are too vague. In seeking more precise information on the type of abuse, if any occurred, specific questions are the desired method. He refers to this type of question structure as "activity-specific questions," and in determining who the perpetrator is, "relationship specific questions" are used. (p. 217)

The survey sought demographic information in the first



section which have been generated into univariate statistics such as frequency distributions which show the number of times a particular response was given. Measures of central tendency, such as the mean, median, and mode have also been calculated. The second part of the survey contains the 14 questions about unwanted sexual behaviors that have been identified as child sexual abuse. Eleven additional questions were utilized to reduce the potential of any negative impact from the child sexual abuse questions and were initially not to be included in the analysis of the answers. Other than some of the demographics, all the questions ask for a yes or no response from the respondents.

Since the questionnaire was developed from information based on the literature of child sexual abuse and is not an existing instrument, there was no data regarding the validity, reliability, and cultural sensitivity for this particular instrument. Face validity was checked with the professionals in the agency, including the staff psychologist and the clinical coordinator, who are both very knowledgeable in the field of child sexual abuse. The research advisor to the project also has considerable expertise and knowledge of child sexual abuse and was consulted with regarding the validity of the instrument.

The agency serves a significant number of monolingual clients, so a bilingual volunteer was enlisted to translate the survey into Spanish (See Appendix D). Bilingual staff

at the agency were consulted with to assist in the back translation of the survey to compare it to the original English version to identify any discrepancies. Cultural sensitivity of the instrument was also addressed at this time with bicultural staff.

The instrument was pretested by a volunteer teenager to assess the clarity of the questions and the vocabulary used to ensure that it was comprehensible for a younger population and to determine the length of time necessary to complete the survey. It was determined that it would take no more than 30 minutes to complete the survey based on this pretest. As an incentive to participate, as well as to show gratitude for their participation, the respondents were given a five dollar gift certificate from a local department store after verification of survey completion.

### Procedure

The researchers met with the supervisors and in-home service providers of the targeted programs to explain the intent of the survey, the voluntary nature of participation, and the procedures to be followed. The questionnaires were reviewed with the providers so that they would be familiar with the instrument in case any of their clients had any questions.

Data collection began in February, 1996, and took approximately two months to complete. The length of time takes into account the frequent rescheduling and no-show

rates of the targeted population. Two staff members also left the agency just as data collection began, one for maternity leave, and the other for a new job, therefore, a reduced number of clients were accessible in the allotted time frame.

The cover letter/consent form and the survey was hand delivered to the homes of the potential respondents by the assigned in-home service provider. The hand delivery method was more time consuming, but the completion rate was hopefully higher than if the survey had been mailed, and it was less costly. Two sealable envelopes were attached to the consent form and the survey which the respondents were instructed to use when the survey was completed to assure confidentiality. The respondents were directed to place the survey in one envelope and the consent form in the other. The envelopes were coded so that the researchers could match the consent forms to the surveys. The providers gathered the sealed envelopes in manila envelopes that were only removed by the researchers as an additional assurance of confidentiality.

#### Protection of Human Subjects

The confidentiality of the respondents was maintained by asking for their signature and date only on the consent form (See Appendix A). Corresponding codes on the separate envelopes of the survey and consent form was the only way to match the items. The consent form explained the purpose of

the study, and described the risks and the benefits of participation. In asking the client to sign and date the consent form this designated their understanding of the study and their willingness to participate. The respondents who chose not to participate due to the sensitivity of the topic were asked to complete the initial demographic section only.

As stated previously, all questionnaires were kept confidential from everyone but the researchers by being sealed in an envelope by the respondent when completed. The envelopes were then placed in a manila envelope by the client so as not to be distinguished from other respondents envelopes that the provider had collected. The researchers were the only ones to remove the questionnaires from the manila envelopes.

The site to conduct this study was intentionally chosen because it is a counseling agency that deals specifically with all the different aspects of child abuse. The client was instructed in the debriefing form (See Appendix B) that the therapeutic services of the agency are available to them if the questions in the survey bring up any unresolved issues for them, and that the in-home provider can provide an immediate referral for them if needed. In addition, two other counseling referrals were provided as options for the clients. A phone number was provided to the clients in the debriefing statement at the end of the survey if they should

desire to contact someone regarding the outcome of the project, or about any general questions on the survey.

## RESULTS

To analyze this survey, quantitative procedures were utilized. The survey contained demographic questions, questions specific to child sexual abuse, and additional questions that were utilized to diffuse any possible negative impact from the sexual abuse questions. (See Appendix C) Demographic data were analyzed using univariate statistics to find the measure of central tendency for such nominal, and ordinal variables such as age at first pregnancy, and age of the respondent.

The following independent variables were examined from the survey questions in relation to the questions specific to child sexual abuse: the use of birth control prior to pregnancy, if the respondent frequently felt like crying, did the respondent believe her childhood was generally happy, and is it easy for her to make new friends. In order to analyze whether a significant relationship existed between the independent and dependent variables, the dependent variable, specific child sexual abuse questions, was cross-tabulated with the independent variables using Chi-Square to measure significance.

### Demographic Data

Of the 40 questionnaires that were provided to the in-

home service providers, 14 (35%) were returned completed. Demographic data can be found in Table 1. Ages of the respondents ranged from 15-49, with the mean age at 20.2 years. Twenty-one percent of the respondents were caucasian, seventy-one percent were Hispanic, and seven percent were Pacific Islander. Ninety-two percent of the respondents were already parenting and seven percent were still pregnant.

Table 1: Demographic Data

	<u>Value</u>	<u>Frequency</u>	<u>Percentage</u>
<u>Age of Respondent</u>	15	1	7.1%
	16	1	7.1%
	17	4	28.6%
	18	5	35.7%
	19	1	7.1%
	26	1	7.1%
	49	1	7.1%
<u>Race/Ethnicity</u>	Caucasian	3	21.4%
	Hispanic	10	71.4%
	Pacific Islander	1	7.1%
<u>Pregnant?</u>	Yes	1	7.1%
	No	13	92.9%
<u>Parenting?</u>	Yes	13	92.9%
	No	1	7.1%
<u>Age at first pregnancy</u>	12	1	7.1%
	13	1	7.1%
	14	2	14.3%
	15	5	35.7%
	16	3	21.4%
	17	2	14.3%
<u>How many times respondent has been pregnant</u>	1	10	71.4%
	2	2	14.3%
	4	1	7.1%
	7	1	7.1%
<u>Baby's Age</u>	Under 1 year	10	71.4%
	1-2 Years	2	14.3%
	2-3 Years	1	7.1%
	3 & Up	1	7.1%
<u>Use of Birth Control Prior to Pregnancy</u>	Sometimes	1	7.1%
	Always	3	21.4%
	Never	10	71.4%
<u>Currently Sexually Active</u>	Yes	9	64.3%
	No	5	35.7%
<u>Grade Level</u>	Drop-Out	2	14.3%
	6	2	14.3%
	9	1	7.1%
	10	3	21.4%
	11	2	14.3%
	12	4	28.6%

The age at first pregnancy ranged from 12-17, with thirty-five percent in the mean age of fifteen years. The respondents had been pregnant between 1-7 times, with seventy-one percent having only been pregnant once. Seventy-one percent of the respondents' babies were under one year of age. Prior to becoming pregnant, seventy-one percent of the respondents never used any type of contraception, and sixty-four percent are currently sexually active. The level of education ranged from grades 6-12, with two respondents who reported dropping out of school.

#### Survey Responses

Table 2 lists all the questions from the survey identified as specific to child sexual abuse and the responses from the participating respondents. The questions refer to unwanted sexual behaviors on the part of the respondent when they were children or in their adolescence. Thirty-five percent report that someone had looked at them naked, and twenty-eight percent report that someone had made them look at them naked. Twenty-eight percent report positive that someone had masturbated in front of them, and fourteen percent had nude or sexual photos taken of them.

Thirty-five percent of the respondents report that someone had rubbed his or her genitals against them in a sexual way when they did not want them to. An older person made the respondents touch their genitals in twenty-eight percent of the cases, as well as in the cases in which an



older person touch the genitals of the respondents.

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Table 2: Responses to Child Sexual Abuse Questions

<u>Question</u>	<u>Yes</u>	<u>No</u>
Did anyone ever look at you naked?	35.7%	64.3%
Did anyone ever make you look at them naked?	28.6%	71.4%
Did anyone ever masturbate in front of you?	28.6%	71.4%
Did anyone ever take nude or sexual photos of you?	14.3%	85.7%
Did anyone ever rub their genitals against you in a sexual way?	35.7%	64.3%
Did anyone older than you make you touch their genitals?	28.6%	71.4%
Did anyone older than you touch your genitals?	28.6%	71.4%
Did anyone ever make you touch their breasts?	7.1%	92.9%
Did anyone ever touch your breasts?	35.7%	64.3%
Has an uncle, brother, father, or grandfather had any type of sexual contact with you?	21.4%	78.6%
Has an aunt, sister, mother, or grandmother had any type of sexual contact with you?	0%	100%
Has a stepfather, stepmother, stepbrother, or stepsister had sexual contact with you?	28.6%	71.4%
Has a stranger had any type of sexual contact with you as a child or a teenager?	28.6%	71.4%
Has anyone ever performed a sexual act with someone else in front of you?	14.3%	85.7%

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Seven percent of the respondents were made to touch someone else's breast, and thirty-five percent had someone touch their breast without them wanting them to do so.

Twenty-one percent of the respondents had sexual contact with a male family member, and none of the respondents report any sexual contact with a female family member. Twenty-eight percent of the respondents had sexual contact with a step-family member, and twenty-eight percent also had sexual contact with a stranger. Finally, fourteen percent of the respondents were witness to a sexual act between other people.

In the questions regarding sexual contact with family members, the respondents were asked to identify which family member was the perpetrator by circling the applicable response. Three of the respondents who answered yes to the question regarding male family members did not circle anyone, one circled "uncle" and one added "cousin". In the step-family category, one circled stepfather, and three did not circle anyone.

#### Cross-Tabulations

The questions specific to child sexual abuse were cross-tabulated with some of the demographics, and with some of the non-sexual abuse questions, using Chi-Square at the .15 or better level of significance. (See Table 3) The researchers acknowledge that even though some of the findings appear statistically significant, the small size of the sample does reduce reliability, therefore rendering the findings ungeneralizable. However, within this sample, the significance of the relationships between some variables

indicate a pattern in the data that is in itself significant.

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Table 3: Results of Chi-Square Cross-Tabulations at  $p < .15$  Cross

<u>Tabulation</u>	<u>Pearson's Chi-Square Level (p)</u>
Being looked at nude by birth control	.12
Sexual contact with male family by birth control	.09
Nude pictures taken by birth control	.03
Sexual contact with stranger by birth control	.04
Viewing sexual activity by birth control	.01
Having genitals touched by crying frequently	.13
Touching someones genitals by crying frequently	.13
Observing masturbation by happy childhood	.12
Rubbing genitals sexually by happy childhood	.03
Sexual contact with stepfamily by happy childhood	.12
Touching of their genitals by happy childhood	.006
Touching others genitals by happy childhood	.006
Look at nude person by make friends easily	.12
Sexual contact with male family by make friends	.02
Sexual contact with stepfamily by make friends	.12
Sexual contact with stranger by make friends	.12
Observing sexual activity by make friends	.07

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The respondents reported a significant relationship between the use of birth control prior to pregnancy and the following: Someone looking at them naked ( $p < .12$ ), sexual contact with a male family member ( $p < .09$ ), Nude pictures taken of them ( $p < .03$ ), sexual contact with a stranger ( $p < .04$ ), and seeing others engage in sexual acts ( $p < .01$ ). The respondents reported a significant relationship between crying frequently and someone touching their genitals ( $p < .13$ ), and being made to touch someone's genitals ( $p < .13$ ). The respondents reported a significant relationship between

having had a happy childhood and the following: masturbation in front of them ( $p < .12$ ), someone rubbing their genitals on them ( $p < .03$ ), sexual contact with stepfamily member ( $p < .12$ ), someone touching their genitals and touching someone else's genitals, both at ( $p < .006$ ) level of significance.

The respondents also reported a significant relationship between their ability to make friends easily with the following: being made to look at someone nude ( $p < .12$ ), sexual contact with a male family member ( $p < .02$ ), sexual contact with stepfamily member ( $p < .12$ ), sexual contact with a stranger ( $p < .12$ ), and seeing others engage in sexual acts ( $p < .07$ ).

## DISCUSSION

The researchers would like to again emphasize that it is acknowledged that the sample size in this project reduces the reliability of any statistical significance. However, the findings for this particular sample are significant to the young women who participated and are in congruence with previous research findings of larger samples with adolescent mothers in which sixty-two percent reported sexual victimization prior to the pregnancy. (Boyer & Fine, 1992) The hypothesis of this project was that a female victim of child sexual abuse is at greater risk of teenage pregnancy than a female who was not sexually abused. The current

results of this small sample seem to support this hypothesis.

### Current Results and Previous Research

In this survey, thirteen of the fourteen questions on sexual abuse received a positive response from at least one respondent, with as many as five respondents responding positively to some of the questions. The researchers feel that with up to 35% of this sample size reporting contact and non-contact molestation, although it in no way reflects a causal relationship, these findings indicate a significant relationship between child sexual abuse and adolescent pregnancy. Previously cited research found 33% of participating patients in one study reported physical or sexual abuse prior to conception. (Stevens-Simon & McAnarney, 1994), and another survey among teen parents that 61% were involved in an unwanted sexual encounter. (Donaldson, et al, 1989) Again, the study by Boyer and Fine (1992) found that 62% of the surveyed pregnant and parenting teenagers had experienced contact molestation prior to their first pregnancy.

One significant relationship that was found in this study was that between the use of birth control prior to the pregnancy and sexual abuse. Donaldson, et al (1989) provide one possible explanation for this relationship in that victims of child sexual abuse are at risk for consequent coercive sexual experiences. These experiences "increase

the risk for pregnancy since unanticipated intercourse is unlikely to be contracepted," and if a sexually abused girl sees herself as "damaged goods," she "may not value herself highly enough to take self-protective measures." (p. 295-296)

Another finding of this study that has been supported in previous literature is the significant relationship between the inability of some of the respondents to make friends easily and child sexual abuse. One study states that adult perpetrators actively discourage the developmental tasks of separation from family and the establishment of peer relationships that are a part of normal adolescent development. (Donaldson, et al, 1989) A child learns that isolatory behavior will get positive attention from the perpetrator, as well as avoidance of negative consequences if the behavior is continued.

#### Current Research Findings That Lead to Speculation

The significant relationship between child sexual abuse and adolescent pregnancy in this study were examined solely on the cross tabulations of all types of sexual abuse, rather than separating non-contact sexual abuse with contact sexual abuse. However, when examining the results there appears to be no discrepancy between non-contact and contact sexual abuse and the pregnancy outcome. This leads to speculation that any type of sexual abuse can precipitate the high risk behaviors that often lead to adolescent

pregnancy. Boyer and Fine (1992) did separate non-contact and contact molestation and found that out of 535 respondents, 36% experienced non-contact molestation while 51% reported having experienced contact molestation at least once. Although the higher percentage in this study is for those females who experienced direct contact with the perpetrator, the 36% that did not is still a significant finding supporting this area of speculation.

Another area of speculation involves considering the ethnicity of the respondents and the differences that might exist in different ethnic groups. This study did not specifically seek representation from distinct ethnic groups, yet the results indicate that 71.4% of the respondents were Hispanic. Cross tabulations were performed between the 71.4% Hispanic, 21.4% Caucasian and 7.1% Pacific Islander and their responses to the child sexual abuse questions. Interestingly, there were no significant findings. In a study by Boyer and Fine (1992), however, there were some statistical variations related to ethnicity and victimization. Such victimization was found in 72% of the White respondents, 64% in American Indians, 50% of Blacks, 46% of Hispanics and 71% in Asians (although this statistic is cautioned due to the small sample size of Asians). These results lead to further questions regarding ethnicity: Does ethnicity indeed have a bearing on the rate of molestation and resultant adolescent pregnancy? Could



there be additional barriers in how certain ethnic groups report molestation? Further, is there a difference among cultures in regards to the definition of child sexual abuse? Answers to questions such as these may be valuable for program development and service delivery.

#### Unanticipated Findings

Eleven questions were added to the fourteen sexual abuse questions to serve as diffusers. Some of these questions were chosen because they reflect self-esteem and depressive issues, which may become symptoms in victims of child sexual abuse. Although initially they were not intended to be included in the analysis of the data, when cross-tabulations between some of these questions and the sexual abuse questions were done, significant relationships were found. For example, one of the cited studies indicated that previously abused pregnant adolescents reported more depression and stress. (Stevens-Simon & McAnarney, 1994)

Additionally, as previously reported, other unanticipated findings included the relationships between birth control and the ability to make friends with sexual abuse. This may be indicative that these possible symptoms of child sexual abuse may indeed have a bearing on the sexual behaviors that often lead to adolescent pregnancy.

#### Limitations and Strengths

Rubin and Babbie (1993) state that the advantages of self-administered questionnaires over an interview survey

include, "economy, speed, lack of interviewer bias, and the possibility of anonymity and privacy to encourage more candid response on sensitive issues" (p. 355). In contrast, some experts in the field of child abuse believe that it is sometimes more effective to interview victims of sexual abuse so that rapport can be developed and an increased amount of information can be elicited. The hope of the researchers was that this weakness would be overcome through the use of a confidential questionnaire which would allow the respondents to feel more comfortable in sharing very personal information, rather than having to give this information to a stranger.

It is also found that, "survey research is generally weak on validity and strong on reliability." (Rubin & Babbie, 1993) The validity is strained by the artificiality of the survey format itself. Reliability is strong in that the standardized questions for all respondents reduces the chances of unreliability in observation that an interviewer may face. On the other hand, the standardized questions can be seen as a weakness because the answers which are generated may be merely superficial. The formulation of these questions was done with careful reflection as to the specific types of sexual abuse in order to elicit candid information that otherwise may have been overlooked with generic questioning.

After data collection, a weakness in the questionnaire

was noted in the limited questioning in some of the areas being surveyed. This may have minimized significant research findings that may have been gained if more detailed follow-up questions had been asked. For example, a question about the use of contraception after the pregnancy was not included and may have added further insight into the respondents views of themselves and their ability to protect themselves, particularly since a significant relationship was found in the cross-tabulations between prior use of birth control and sexual abuse.

Another limitation of the study was the small sample size. It was anticipated that 20-25 respondents would be identified to participate in the survey due to previous contact with the agency staff, but unfortunately only 14 respondents were surveyed. As was stated earlier, two staff members left the agency just as data collection began, thus reducing the number of clients available to survey. Further, the use of only one agency to conduct the survey limited access to a larger cross-section of the population that may have resulted in an increase in significant data regarding the issues of sexual abuse and adolescent pregnancy.

Another important variable in the small sample size was the exclusion of minors from the survey. The initial intention of the researchers was to include pregnant and parenting minors in the survey since this identified

population was the focus of the study. As it turned out, the IRB Board ruled that, per new legislation, parental consent was needed to survey minors and that the parent be given a copy of the questions prior to the minor receiving the survey. Based on the delicate nature of this survey, it was decided that pursuing parental consent might create unnecessary stress and increase the risks for additional abuse for a minor who had been victimized. This included intimidation or fear of parental retribution if incest had occurred, or the shame of disclosing a past molestation that a parent was previously unaware of. In addition to the risk to the respondent, the researchers also believed that parental consent, and therefore parental knowledge of the survey content could sway the manner in which the abused respondents answered, thus rendering the data invalid.

#### Recommendations for Social Work Practice

Based on the findings of this study and literature on child sexual abuse and adolescent pregnancy, suggestions for social work practice will be made. These recommendations will be for social work practice in general and not just for the agency in which this study was conducted. These recommendations encompass each of the social work practice roles: direct practice, community intervention, administration, and research.

Early intervention programs that are used to educate the public and the children are desirable in that they

address issues in a preventative manner, rather than waiting until a problem has occurred and then trying to correct it. Child abuse prevention programs have been successfully used in the agency where the survey was done. Elementary school aged children observe puppet shows which teach children about "good touches" and "bad touches," and how to keep themselves safe. Parents of these children should be encouraged to participate in these presentations as to ensure consistency and allow for learning to be reinforced on a regular basis. Fox (1981) has done studies on the role of the family in the sexual socialization of adolescents. He states that "the most effective form of social control is the internalization of the values and norms appropriate to do what he must do" (p. 75). The family serves an important role in the socialization of their children from an early age that can impact them into adolescence and early adulthood.

The family has been responsible in giving instruction to their children regarding sexual development, incorporating family values, and maintaining family ties. In a study in Baltimore, they found that the lack of direct sexual socialization heightened the chances of early pregnancy. (Furstenberg, 1981) The children learn about sexuality through the attitudes and the modeling of appropriate or inappropriate behavior of the family. Depending on the messages relayed, the adolescent makes

decisions to enter, or not to enter, early sexual relationships. (Fox, 1981)

Beyond family involvement, another prevention program in the community focuses on sex education at the junior high level in an effort to combat teenage pregnancy. Education Now And Babies Later (ENABL) promotes abstinence and responsibility for male and female youth to help them make better choices for their futures by emphasizing the importance of higher education. Prevention programs like these require school district and public support to continue to be effective. Political support is also necessary as it directly affects funding for such prevention programs.

While prevention efforts aren't always successful, early identification of child sexual abuse is crucial. This allows for immediate referral and early identification that can provide a supportive environment where healing for the victims is promoted. If children are empowered early on as well as helped to recognize that "it was not their fault" and that they are not "bad" or "tainted," perhaps then they can grow and not carry the burden of their molest.

Experts in the field of child sexual abuse utilize a combination of individual and group treatment modalities to most effectively treat this population, although group therapy has been recognized as a valuable modality in of itself. (Alle-Corliss, 1995; Mandell & Damon) Group interaction reduces isolation, promotes identification with



others which helps to "normalize" their delicate situations by just knowing that they are not alone. An observation of a group of Adults Molested As Children (AMAC) who shared their life stories with young girls found all participants grateful for this experience. For the women it was a cathartic process that further enhanced their progress. These women disclosed that they had no such support group when they were young and therefore had to suffer in silence. For many, keeping the secret led to drug and alcohol abuse, eating disorders, prostitution, domestic violence, and depression. For the girls the opportunity to receive such validation and support was most beneficial and educational.

Social workers in direct practice and administrative roles need to be cognizant that child sexual abuse can lead to adolescent pregnancy. This is important to consider during assessment and when developing treatment plans and programs for victims of child sexual abuse. Historically, early and appropriate therapeutic interventions can have a profound impact on those who have been victimized. Further, comprehensive treatment modalities should involve family participation as the entire family system is bound to be affected by the molest. At times, when the secret is revealed during a teens pregnancy or shortly after the birth of their child, the family enters a state of disequilibrium that necessitates immediate family treatment intervention. In some cases, family resolution may not be possible

necessitating social workers to be knowledgeable of existing placement options for the teen and others siblings that may be affected. Often, during this time of separation, the family is encouraged to participate in such programs as Daughter's, Son's, and Parent's United in which family members address the issues of the molest.

As has been seen, being either a victim of child sexual abuse, or becoming pregnant during adolescence can be tremendously stressful, in of themselves. When both factors are present the stress may be greatly compounded further indicating the need for additional interventions. Social workers in direct practice should encourage family support during these unexpected pregnancies versus rejection and out casting of the teen. If the teen has been molested, such rejection may only further reinforce her feelings of guilt and low self-esteem. Heightened societal awareness that child sexual abuse is not the victims' fault may helped to dispel the myths regarding abuse and engender support for those who have been victimized. Therefore, society may develop a more compassionate view of the pregnant 14 year old who may have been molested as a child, and inappropriately connected sexual activity with affection.

Education programs with pregnant and parenting teenagers must have two areas of focus. First, any young mother, whether abused or not, must be educated in human sexuality to reduce the risk of unwanted repeat pregnancies

and/or revictimization by sexually aggressive males, whether it be a boyfriend or a family member. A recent study in California found that two-thirds of the babies born to teenage mothers were fathered by adult men, some of whom were 4-6 years older than the girls. ("Report: Adults not peers", 1996) The turbulent developmental transitions that often are seen in adolescence may leave many young girls prone to sexual victimization as they search for self-identity.

The second focus of education that is necessary when working with young mothers is education to prevent abuse of their own children. Adolescent mothers are in a high-risk category for physical abuse and neglect of their children due to developmental immaturity and a lack of knowledge in parenting skills. Sexually abused girls need additional information to prevent their own child from being molested in an effort to break the cycle of abuse. It is frequently found that a high rate of mothers of molested children had been molested themselves.

Social workers who work with pregnant and parenting teenagers need to be cognizant of the symptomology of child sexual abuse. Many times, the pregnancy itself will trigger memories of sexual abuse that can be traumatic for the teenager. At this juncture, it is imperative to provide these teens with support, reassurance, and education. Proper identification is therefore crucial in developing

appropriate treatment interventions for this specialized population.

In the development of these appropriate treatment interventions, the role of the administrator cannot be overlooked. Administrators are in position of supporting needed programs that would provide many of the previously discussed services for adolescents. Further, through proper needs assessment and proposal writing, grant monies can be obtained that could increase services to this population. Specialized programs such as those which focus on parenting, early intervention, counseling, and education could thereby be developed and implemented.

Continued research in the areas of child sexual abuse and adolescent pregnancy will help to support future funding of programs. Without the expertise that social work researchers bring to program development many of the present services to adolescents and their families would not exist. The success of new programs are rooted in the foundation of sound research practices that are the impetus for effective service provision.

Administrative support for social work advocacy is also essential in heightening community and professional awareness. Outreach to the community will help to increase the advocacy role social workers play. They can serve as liaisons to the medical, educational, and paraprofessional staff that come into contact with pregnant teens. Educating

them on developmental issues, child sexual abuse, teen pregnancy, and mental health is crucial to meet the diverse needs of this population. Similarly, social workers whose field of expertise differs may also benefit from continuing education in the area of child sexual abuse and adolescent pregnancy.

### Conclusions

Although the recommendations of the researchers is all inclusive, it is strongly believed that prevention of adolescent pregnancy requires direct involvement from many sources. In specific, prevention and identification of child sexual abuse should continue to be the goal of social workers who wish to reduce and/or prevent the onslaught of unplanned adolescent pregnancy. Continued education and prevention programs throughout childhood and adolescence will help to support this effort. The agency in which the survey was conducted is committed to serving their clients in appropriate ways that work toward the aforementioned goals. The researchers recommend that research in the area of child sexual abuse in relation to adolescent pregnancy be supported in which sound hypotheses and future studies can follow.

Appendix A  
Consent Form



### INFORMED CONSENT

The study in which you are being asked to participate is designed to explore some of the possible factors that contribute to teenage pregnancy, including child sexual abuse. The study is being conducted by Starr Downey-Ramirez and Debbie Vega, graduate students of Social Work at California State University, San Bernardino. Supervision is being provided by Professor Lupe Alle-Corliss, LCSW.

In this study, you are being asked to complete a survey because you have given birth to a child before you turned 18 years old. Some of the questions may make you uncomfortable and you can stop at any time. Please try to answer them to the best of your knowledge. There are no right or wrong answers. The survey will take you approximately 30 minutes to complete.

All the information you provide will be kept confidential. When you are finished answering the questions, you are asked to please seal the questionnaire in the provided envelope and only the researchers are authorized to open it. Also, we ask for your signature only on this consent form and not on the questionnaire to ensure further confidentiality.

Your participation in this study is completely voluntary and you are free to withdraw at any time without penalty, and remove any data at any time during the study. Declining to participate will not effect any services you

currently receive from the agency. If you choose not to participate, I ask that you only complete the first section for our statistics.

When you have completed and returned the survey, you will receive a gift certificate to show our gratitude for your participation.

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I acknowledge that I have been informed of, and understand the nature and purpose of the study, and I freely consent to participate.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Appendix B  
Debriefing Form

### DEBRIEFING STATEMENT

Thank you for your participation in this study. This study is being conducted by Starr Downey-Ramirez and Debbie Vega, graduate students in Social Work at California State University, San Bernardino. The study is being supervised by Professor Lupe Alle-Corliss, LCSW, and if you have any questions about the study, please contact us at the social work office at (909) 880-5501, or at (909) 880-7223.

We understand that it is difficult for some people to think about child sexual abuse. If you are troubled about anything in this study, we urge you to seek counseling at the EYE Counseling and Crisis Services (619) 744-3117, or at Lifeline Community Services (619) 726-4900, or at Palomar Family Counseling (619) 745-3811.

This study and your participation in it are not part of the EYE's regular services, although the hope is that the study will benefit agencies such as the EYE in meeting the needs of their clients.

Again, thank you for your cooperation in this study. **Please keep this page** in case you have any questions or concerns about the study.

Appendix C  
English Survey

## Questionnaire

### Section #1

1. Birthdate: \_\_\_\_\_
2. Race/Ethnicity:  
White \_\_\_\_\_  
Black \_\_\_\_\_  
Hispanic \_\_\_\_\_  
Asian \_\_\_\_\_  
American Indian \_\_\_\_\_  
Other \_\_\_\_\_ (please specify: \_\_\_\_\_)
3. Are you pregnant? YES \_\_\_\_\_ NO \_\_\_\_\_
4. Are you parenting? YES \_\_\_\_\_ NO \_\_\_\_\_
5. Age at first pregnancy: \_\_\_\_\_
6. How many times have you been pregnant? \_\_\_\_\_
7. Birthdate of baby(s) or due date: \_\_\_\_\_, \_\_\_\_\_
8. Did you use any birth control before you got pregnant?  
Sometimes \_\_\_\_\_ Always \_\_\_\_\_ Never \_\_\_\_\_
9. Are you sexually active at this time?  
YES \_\_\_\_\_ NO \_\_\_\_\_
10. What grade are you in? \_\_\_\_\_  
Graduated? YES \_\_\_\_\_ NO \_\_\_\_\_

## Section #2

Please answer these questions about your childhood or adolescence.

1. Do you feel that people really like to talk to you?

YES \_\_\_\_\_ NO \_\_\_\_\_

2. Do you think that your friends find you interesting?

YES \_\_\_\_\_ NO \_\_\_\_\_

3. Did anyone ever look at you naked when you didn't want them to?

YES \_\_\_\_\_ NO \_\_\_\_\_

4. Did anyone ever make you look at them naked when you didn't want to?

YES \_\_\_\_\_ NO \_\_\_\_\_

5. Do you frequently feel like crying?

YES \_\_\_\_\_ NO \_\_\_\_\_

6. Did anyone ever masturbate in front of you when you didn't want them to?

YES \_\_\_\_\_ NO \_\_\_\_\_

7. Do you generally feel good when you wake up in the mornings?

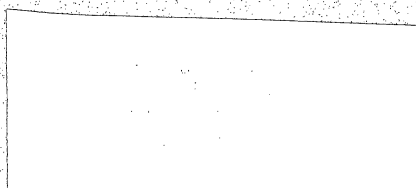
YES \_\_\_\_\_ NO \_\_\_\_\_

8. Did anyone ever take nude or sexual photos of you when you didn't want them to?

YES \_\_\_\_\_ NO \_\_\_\_\_

9. Do you feel happy most of the time?

YES \_\_\_\_\_ NO \_\_\_\_\_





10. Did anyone ever rub their genitals against you in a sexual way when you didn't want them to?

YES \_\_\_\_\_ NO \_\_\_\_\_

11. Do you think your childhood was generally happy?

YES \_\_\_\_\_ NO \_\_\_\_\_

12. Did anyone older than you make you touch their genitals when you didn't want to?

YES \_\_\_\_\_ NO \_\_\_\_\_

13. Did anyone older than you touch your genitals when you didn't want them to?

YES \_\_\_\_\_ NO \_\_\_\_\_

14. Do you feel that you are appreciated by others?

YES \_\_\_\_\_ NO \_\_\_\_\_

15. Did anyone ever make you touch their breasts when you did not want to?

YES \_\_\_\_\_ NO \_\_\_\_\_

16. Does being successful at small things help you to go on?

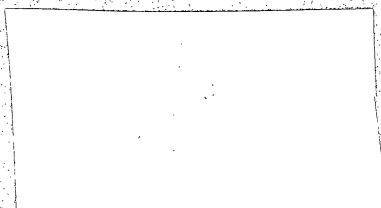
YES \_\_\_\_\_ NO \_\_\_\_\_

17. Did anyone ever touch your breasts when you did not want them to?

YES \_\_\_\_\_ NO \_\_\_\_\_

18. Has an uncle, brother, father, or grandfather had any type of sexual contact with you?

YES \_\_\_\_\_ NO \_\_\_\_\_ (Please circle all that apply)



19. Has an aunt, sister, mother, or grandmother had any type of sexual contact with you?

YES \_\_\_\_\_ NO \_\_\_\_\_ (Please circle all that apply)

20. Do you feel that you have a lot of good qualities?

YES \_\_\_\_\_ NO \_\_\_\_\_

21. Has a stepfather, stepmother, stepbrother, or stepsister had any type of sexual contact with you?

YES \_\_\_\_\_ NO \_\_\_\_\_ (Please circle all that apply)

22. Has a stranger had any type of sexual contact with you as a child or teenager?

YES \_\_\_\_\_ NO \_\_\_\_\_

23. Has anyone ever performed a sexual act with someone else in front of you?

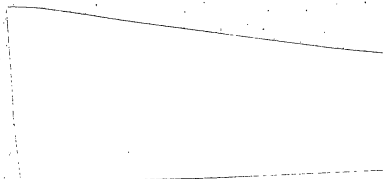
YES \_\_\_\_\_ NO \_\_\_\_\_

24. Do you usually know when you can trust someone?

YES \_\_\_\_\_ NO \_\_\_\_\_

25. Is it easy for you to make new friends?

YES \_\_\_\_\_ NO \_\_\_\_\_



Appendix D  
Spanish Survey

## PREGUNTAS

### Seccion #1

1. Fecha de nacimiento: \_\_\_\_\_
2. Raza/Etnicidad:  
Blanca \_\_\_\_\_  
Negra \_\_\_\_\_  
Hispana \_\_\_\_\_  
Oriental \_\_\_\_\_  
Americana India \_\_\_\_\_  
Otro \_\_\_\_\_ (por favor  
specifique: \_\_\_\_\_)
3. Esta usted embarazada? SI \_\_\_\_\_ NO \_\_\_\_\_
4. Esta usted criando a los niños? SI \_\_\_\_\_ NO \_\_\_\_\_
5. A que edad fue su primer embarazo: \_\_\_\_\_
6. Cuantas veces ha estado embarazada? \_\_\_\_\_
7. Fecha de nacimiento de su hijo o su embarazo: \_\_\_\_\_,  
\_\_\_\_\_.
8. Usaba Anticonceptivos antes de embarazarse?  
A veces \_\_\_\_\_ todo el tiempo \_\_\_\_\_ nunca \_\_\_\_\_
9. Esta teniendo sexo?  
SI \_\_\_\_\_ NO \_\_\_\_\_
10. En que grado de escuela esta? \_\_\_\_\_ Se ha  
graduado? \_\_\_\_\_

Seccion #2

Por favor conteste estas preguntas de su nines y adolescencia.

1. Usted cree que a la gente le gusta hablar con usted?

SI \_\_\_\_\_ NO \_\_\_\_\_

2. Usted piensa que sus amistades la encuentran interesante?

SI \_\_\_\_\_ NO \_\_\_\_\_

3. Alguien la ha visto desnuda a usted cuando no lo queria?

SI \_\_\_\_\_ NO \_\_\_\_\_

4. Alguna persona la a hecho que usted la viera desnuda cuando usted no queria?

SI \_\_\_\_\_ NO \_\_\_\_\_

5. Llora usted frecuentemente?

SI \_\_\_\_\_ NO \_\_\_\_\_

6. En alguna ocasion alguien se masturbo enfrente de usted?

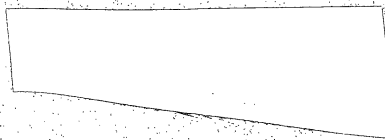
SI \_\_\_\_\_ NO \_\_\_\_\_

7. Generalmente usted se siente bien cuando se levanta por la manana?

SI \_\_\_\_\_ NO \_\_\_\_\_

8. En alguna ocasion alguien tomo fotos desnudas o sexuales de usted sin su permiso?

SI \_\_\_\_\_ NO \_\_\_\_\_



9. Usted se siente contenta/feliz la mayor parte del tiempo?

SI \_\_\_\_\_ NO \_\_\_\_\_

10. En alguna ocasion alguien ha frotado sus genitales contra usted en una manera sexual cuando usted no le dio permiso?

SI \_\_\_\_\_ NO \_\_\_\_\_

11. Usted piensa que su ninez fue generalmente feliz?

SI \_\_\_\_\_ NO \_\_\_\_\_

12. Alguna persona mayor que usted la ha hecho que le tocara los genitales cuando usted no queria?

SI \_\_\_\_\_ NO \_\_\_\_\_

13. Alguna persona mayor que usted le ha tocado sus genitales sin su consentimiento?

SI \_\_\_\_\_ NO \_\_\_\_\_

14. Se siente usted apreciado por otras personas?

SI \_\_\_\_\_ NO \_\_\_\_\_

15. Alguna persona la ha hecho a usted tocarle sus pechos/senos cuando usted no queria?

SI \_\_\_\_\_ NO \_\_\_\_\_

16. Tener exito en las cosas pequenas te ayuda a continuar?

SI \_\_\_\_\_ NO \_\_\_\_\_

17. Alguna vez le han tocado sus senos/pechos sin su consentimiento?

SI \_\_\_\_\_ NO \_\_\_\_\_

18. Alguno de sus tios, hermanos, padres, o abuelos han

tenido contacto sexual con usted? (Por favor circule las correspondencias).

SI \_\_\_\_\_ NO \_\_\_\_\_

19. Alguna de sus tias,hermanas, madre, o abuela han tenido contacto sexual con usted? (Por favor circule sus correspondencias).

SI \_\_\_\_\_ NO \_\_\_\_\_

20. Usted siente que tiene muchas cualidades buenas?

SI \_\_\_\_\_ NO \_\_\_\_\_

21. Alguno de sus padrastros, madrastras, hermanastros, o hermanastras han tenido algun tipo de contacto sexual con usted?

SI \_\_\_\_\_ NO \_\_\_\_\_

22. Algun desconocido a tenido contacto sexual con usted cuando era nino/nina o adolescente?

SI \_\_\_\_\_ NO \_\_\_\_\_

23. En alguna ocasion alguien ha tenido un acto sexual con otra persona enfrente de usted?

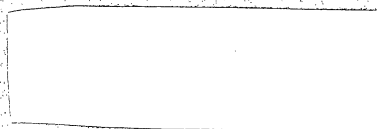
SI \_\_\_\_\_ NO \_\_\_\_\_

24. Por lo general sabe usted cuando puede confiar en alguien?

SI \_\_\_\_\_ NO \_\_\_\_\_

25. Es facil para usted hacer nuevas amistades?

SI \_\_\_\_\_ NO \_\_\_\_\_





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